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CONFIRMATION NO. 4848

<b>SERIAL NUMBER</b> 10/044,581	<b>FILING OR 371(c) DATE</b> 10/23/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> CARE01 (8116.110574)
<b>APPLICANTS</b> Timothy Gayle Goux, Mandeville, LA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/244,408 10/30/2000 <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/12/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> LA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 27
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 6980				
<b>TITLE</b> SYSTEM AND METHOD FOR IMPROVING THE OPERATION OF A BUSINESS ENTITY AND MONITORING AND REPORTING THE RESULTS THEREOF				
<b>FILING FEE RECEIVED</b> 967	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input checked="" type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	